

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2020 HAY 28 AT: 10: 06

	File with: City or Town Clerk or Election Commis
Fill in Reporting Period dates: Beginning Date: 1/1/	2020 Ending Date: 5/26/2020
Type of Report: (Check one)	The fact of the same of the sa
8th day preceding preliminary X 8th day preceding election	30 day after election year-end report dissolution
8th day preceding preliminary 8th day preceding election	
Bill Hayner	Committee to Re-elect Bill Hayner
Candidate Full Name (if applicable)	Committee Name
Arlington MA School Committee	Bonnie Hayner
Office Sought and District	Name of Committee Treasurer
19 Putnam Rd Arlington MA 02474	19 Putnam Rd Arlington MA 02474
Residential Address	Committee Mailing Address
E-mail: bill_hayner@comcast.net	E-mail; bill_hayner@comcast.net
Phone # (optional): (781) 643-7948	Phone # (optional); (781) 643-794B
	J [
SUMMARY BALANC	CE INFORMATION:
SOMMAKI BARAK	CD AN ORDINATION
Line 1: Ending Balance from previous report	612
Little 1. Sitting Balance don't previous report	
Line 2: Total receipts this period (page 3, line 11	3,239
Diffe 2. Total receipts this period (page 3, time 11	
Line 3: Subtotal (line 1 plus line 2)	3,851
Line 3: Saototal (title 1 plus title 2)	
Line 4: Total expenditures this period (page 5, li	ine 14) 2,607.17
Line 4; Total expenditures this period (page 5, it	nc (4)
The Control Co	1,243.83
Line 5: Ending Balance (line 3 minus line 4)	1,243.03
71 6 m 12 12 1 2 12 1 2 2 1 1 1 1 1 1 1 1 1	
Line 6: Total in-kind contributions this period (p	lage 6)
	4 070 P
Line 7: Total (all) outstanding liabilities (page 7)	4,070.BD
51 0 31 CI 1() 1 W.L	P1
Line 8: Name of bank(s) used: Watertown Saving	5 Dalik
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority or on behalf of this mmittee it signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (chick I to	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. Date:
FOR CULTATION IS LIBRIOS OF INT. United to Cumpate (control	********
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting.	the best of my knowledge and belief, a true and complete statement of all campaign fin accordance with the requirements of M.G.L. c. 55. I have not received any contribution period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the contributions.	nts, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Bell Wary	Mex (Candidate's signature) Date: 5/36/30

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
May 4, 2020	Sheri Baron 10 Raleigh St Arlington MA 02474	100			
1ar 7, 2020	Fred Buckley 38 Pine Street Arlington MA 02476	100			
1ay 4, 2020	Christine Carney; 98 Richfield Road; Arlington MA 02474	250	Carney General Contracting Position; Bookkeeper		
1ar 7, 2020	Bill Downing 24 Fabyan St Arlington MA 02474	100			
1ar 7, 2020	Carol Downing 24 Fabyan St Arlington MA 02474	100			
	Chris Doyle 1 Richfield Rd Arlington MA 02474	200	Software Consultant - B&L Associates, 13 Tech Circle, Natick, MA 01760		
eb 26, 2020	John Gibbons 70 East St Melrose MA 02176	500	Retired		
Mar 7, 2020	Stephen Gilligan 46 Parklawn Rd W Roxbury MA 02132	100			
eb 24, 2020	Eugene Lucarelli 30 Mill St #333 Arlington MA 02476	100	THE COLUMN		
Mar 7, 2020	Mary Winston O'Connor 781 Concord Tpke Arlington MA 02476	100			
Mar 8, 2020	Parsons Group LLC 23 Brewster Rd Arlington MA 02476	100	र्क र		
May 6, 2020	John Roma 3 Sagamore Arlington MA 02476	100			
ine 9: Total Rece	eipts over \$50 (or listed above)				
ine 10: Total Rec	eipts \$50 and under* (not listed above)				
Line 11: TOTAL	RECEIPTS IN THE PERIOD	← Enter on page 1, line 2			

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
Apr 15, 2020	Paul Schlichtman 47 Mystic St Arlington MA 02474	54			
Mar 4, 2020	Elaine Shea 9 Lincoln St Arlington MA 02476	200	Retired		
Mar 14, 2020	Jennifer Susse 45 Teel Street Arlington MA 02474	100			
Mar 7, 2020	Bob Tosi Jr 14 Inverness Road Arlington MA 02476	100			
Mar 7, 2020	Bob Tosi Sr 14 Inverness Road Arlington MA 02476	100			
Mar 7, 2020	Patricia Worden 27 Jason St Arlington MA 02476	100			
			000 a 9		
			20 (F)		
			0.06		
Line 9: Total Rec	eipts over \$50 (or listed above)	2,604			
	ceipts \$50 and under* (not listed above)	635			
	RECEIPTS IN THE PERIOD	3,239	Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

eport all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address Purpose of Expenditure		Amount	
May 6, 2020	Connolly Printing	178 Gill St Woburn MA 01801	2226 Postcards	1,351.27	
May 22, 2020	Bill Hayner paid to K of C #109	19 Putnam Rd Arlington MA 02474	Hall for Kickoff	425	
May 22, 2020	Bill Hayner paid to Connolly Printing	19 Putnam Rd Arlington MA 02474	1000 Dear Friend Cards & 100 Buttons	501.85	
				PAR CELL	
			() 4 () () () () () () () () (C5 2749	
177				05	
	Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		2,607.17	

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
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		4			
			** ***9 *******************************	45° 22°	
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			· 45,	D Street	
				might se	
	-				
	T	ine 12: Expenditures over	r \$50 (or listed above)		
	<u> -</u> -		and under* (not listed above)		
	 		DITURES IN THE PERIOD See Previous		

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
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		Line 15: In-Kind Contribution		
		Line 16: In-Kind Contributio	ns \$50 & under (not listed above)	
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount	
Jan 1, 2011	Bill Hayner	19 Putnam Rd	Loan to Committee to Elect in 2011	4,078.84	
				1 a 4a	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Control of the Contro	
			1 3366 		
				1500	
		/ → Line 18: TOTAL OUTS		4,078.86	

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Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: May 24, 2020					
Name of Individ	ual Being Reimbursed: William	1 Hayne	er			
Committee Nam	Name: Committee to Re-Elect Bill Hayner					
CPF ID Number	ber (if applicable): Telephone Number (optional): (781) 643-7948				43-7948	
	п	EMIZ	ZE EXPENDITURES IN EXCESS	OF \$50		
Date Paid	Vendor Name		Vendor Address	Purpose of Ex	rpenditure	Amount
5/22/20	Connolly Printing		178 Gill St Woburn MA 01801	Reimbursement for Connelly printing the Friend Cards and	o 1000 Dear	\$501.85
5/22/20	Knights of Columbus		15 Winslow Street Arlington, MA 02474	Reimbursement fo K of C for Kickoff		\$425.00
	(Include items listed on Page 2	;) →	Line 1: Expenditures in excess of	\$50 (itemized above	e):	926.85
			Line 2: Expenditures \$50 or under	(not itemized):		231.18
			Line 3: TOTAL AMOUNT REI	MBURSED:		1,158.03
Signed under th	ne penalties of perjury:					
	Signature of	Candi	Hawwey date / Treasurer	·	Date: Ma	y 26, 2020

Please prepare a separate report for each reimbursement check issued by the committee.